

Docket No.: 1405.1073

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Takashi OHNO et al.

Serial No. 10/633,555

Group Art Unit: 2157

Confirmation No. 7151

Filed: August 5, 2003

Examiner: Brian P. Whipple

For: CLIENT ADMINISTRATION METHOD AND DEVICE

**PETITION TO REVIVE UNDER RULE 1.137(b)** 

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 MAIL STOP PETITION

Sir:

A Petition to withdraw a holding of abandonment in this application was filed on May 2, 2008. The Petition was dismissed on June 19, 2008.

Applicant hereby petitions to revive the above-referenced application on the ground of unintentional abandonment. As part of this petition, Applicant submits the following: (1) a reply to the outstanding Office Action (which Response was believed timely transmitted by fax); (2) the petition fee of \$1540 set by Rule 1.17(m); and the following statement: the entire delay in filing the required reply from the due date for the reply until the filing of this petition was unintentional.

Favorable disposition of this petition is earnestly requested. Of course, if there is any additional fee associated with this petition, please charge our deposit account no. 19-3935.

By: 4

Date: <u>6/24/</u>0 **/** 

STAAS & HALSEY LLP

Respectfully submitted,

William Herbert Reg. No. 31024

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86/25/2008 JADDO1

**40000011 10633555** 

01 FC:1453

1549.00 OP

Adjustment date: 08/29/2008 CKHLOK 06/25/2008 JADDO1 00000012 193935 01 FC:1251 120.08 CR

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## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 08/27/08 2 Serial/Pa				#1	0/633,555	
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT	
	Filing				\$	
	Amendment				\$	
Χ.	Extension of Time (1251)			06/24/08	\$ 120.00	
	Notice of Appeal/Appeal				\$	
	Petition (1462)				\$	
	Issue				\$	
	Cert of Correction/Terminal Disc.				\$	
	Maintenance				\$	
	Assignment				\$	
	Other				\$	
			7 TOTAL AMOUNT \$ 120.00			
		8 TO	8 TO BE REFUNDED BY: CC			
10 REASON:		XX	Treasury Check			
	Overpayment	Х	X Credit Deposit A/C #:			
	Duplicate Payment		9	1 9 3	9 3 5	
X	No Fee Due (Explanation):	<u> </u>				
request untimely.						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: Charlema Grant			T	TITLE:	Atty	
SIGNATURE: /Charlema Grant/			P	PHONE:	X-3215	
OFFICE: OP						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)